

HOUSE BILL No. 1872

DIGEST OF HB 1872 (Updated February 20, 2001 2:11 PM - DI 77)

Citations Affected: IC 12-15; IC 12-17.6.

Synopsis: Emergency services. Requires the Primary Care Case Management program and the Risk-Based Managed Care program to cover and pay for certain emergency services. Amends the definition of "emergency". (The introduced version of this bill was prepared by the interim study committee on Medicaid oversight.)

Effective: Upon passage.

Brown C, Dillon

January 17, 2001, read first time and referred to Committee on Public Health. February 20, 2001, amended, reported — Do Pass.





First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE BILL No. 1872

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 12-15-15-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS
[EFFECTIVE UPON PASSAGE]: Sec. 11. The office, for purposes
of the Primary Care Case Management program, and the managed care contractor, for purposes of the Risk-Based Managed Care

- (1) cover and pay for emergency services as provided in 42 CFR 438.114(a) through 42 CFR 438.114(e), as amended;
- (2) cover and pay for all screening, beyond procedures routinely performed on all individuals presenting to an emergency department regardless of the individual's actual condition, used to determine whether an emergency medical condition actually exists;
- (3) not deny a claim for emergency services on the basis that the enrollee's primary care provider's authorization code for the services was not obtained before or after the services were rendered; and

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1	(4) cover and pay for post-stabilization services provided for	
2	in 42 CFR 438.114(f), as amended.	
3	SECTION 2. IC 12-17.6-1-2.6, AS ADDED BY P.L.95-2000,	
4	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE	
5	UPON PASSAGE]: Sec. 2.6. "Emergency" means a medical condition	
6	that arises suddenly and unexpectedly and manifests itself by acute	
7	symptoms of such severity, including severe pain, that the absence of	
8	immediate medical attention could reasonably be expected by a prudent	
9	lay person who possesses an average knowledge of health and medicine	
10	to:	
11	(1) place an individual's health in serious jeopardy;	
12	(2) result in serious impairment to the individual's bodily	
13	functions; or	
14	(3) result in serious dysfunction of a bodily organ or part of the	
15	individual.	
16	SECTION 3. An emergency is declared for this act.	
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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1872, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill do pass.

(Reference is to HB 1872 as introduced.)

BROWN C, Chair

Committee Vote: yeas 12, nays 0.

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